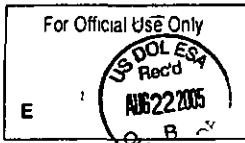


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>10514</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>ANTHONY</b> <b>M</b> <b>PAPILI</b>  P O Box Bldg Room No if any <b>UNIT # 244</b>  Street <b>3600 RUSTIC LANE</b>  City <b>WILMINGTON</b>  State <b>Delaware</b> ZIP Code + 4 <b>19808</b>	4 Name file number and address of labor organization Name <b>PLUMBERS &amp; PIPEFITTERS LOCAL UNION 74</b>  Labor Organization File Number <b>519-271</b>  P O Box Building and Room Number if any <b>SUITE 18</b>  Street <b>18 BOULDEN CIRCLE</b>  City <b>NEW CASTLE</b>  State <b>Delaware</b> ZIP Code + 4 <b>19720</b>
5 Position in labor organization <b>FINANCIAL SECRETARY</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount          

### Signature

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed *Anthony M. Papili*

On 8/12/2005  
Date

302 636-7400  
Telephone Number

Name of Person Filing ANTHONY PAPILI

File Number U

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**9 Business deals with**☐ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name LU 74 PENSION WELFARE AND ANNUITY TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

**14 a Nature of payment**

IFEBP CONFERENCE NEW ORLEANS 11/26/04 12/3/04  
HOTEL AIRFARE REGISTRATION EXPENSES  
CONFERENCE AND CLASSES REGARDING TRUST FUND ISSUES  
FOR PENSION WELFARE AND ANNUITY PLANS

13 b Is the Business an Employer ☒ or Consultant ☐ ?**14 b Amount of payment**

\$3 336

Name of Person Filing ANTHONY PAPILI

File Number U

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name LU 74 PENSION WELFARE AND ANNUITY TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

14 a Nature of payment

BOARD OF TRUSTEES MEETING EXPENSE 2/9/04  
MET TO DISCUSS ISSUES ON PENSION WELFARE AND ANNUITY13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$89

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name LU 74 PENSION WELFARE AND ANNUITY TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

14 a Nature of payment

BOARD OF TRUSTEES MEETING EXPENSE 4/12/04  
MET TO DISCUSS ISSUES ON PENSION WELFARE AND ANNUITY13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$66

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name U 74 PENSION WELFARE AND ANNUITY TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

14 a Nature of payment

BOARD OF TRUSTEES MEETING EXPENSE 8/2/04  
MET TO DISCUSS ISSUES ON PENSION WELFARE AND ANNUITY13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$29

Name of Person Filing ANTHONY PAPILI

File Number U

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name U 74 PENSION WELFARE AND ANNUITY TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

14 a Nature of payment

BOARD OF TRUSTEES MEETING EXPENSE 12/6/04  
MET TO DISCUSS ISSUES ON PENSION WELFARE AND ANNUITY13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$64

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name BRANDYWINE ASSET MANAGEMENT

Trade Name if any

P O Box Bldg Room No if any STE 1200

Street 3 CHRISTINA CENTRE 201 N WALNUT S

City WILMINGTON

State Delaware ZIP Code + 4 19801

14 a Nature of payment

MEETING TO DISCUSS OUR ASSET ALLOCATION FOR LOCAL  
74 PENSION FUND 11/30/0413 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$35

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name OPPENHEIMER CAPITAL

Trade Name if any

P O Box Bldg Room No if any

Street 1345 AVE OF THE AMERICAS 49TH FLOOR

City NEW YORK

State New York ZIP Code + 4 10105 6909

14 a Nature of payment

MEETING TO DISCUSS INVESTMENT ISSUES WITH LOCAL  
74 PENSION FUND 12/1/0413 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$30

Name of Person Filing ANTHONY PAPILI

File Number U

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name HAGGERTY AND HAGGERTY PA

Trade Name if any

P O Box Bldg Room No if any

Street 510 PHILADELPHIA PIKE

City WILMINGTON

State Delaware ZIP Code + 4 19809

14 a Nature of payment

LUNCH MEETING AND GOLF 8/6/04  
DISCUSSED YEAR END AUDIT OF LOCAL UNION 7413 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$68

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name LOCAL 74 JOINT APPRENTICESHIP COMMITTEE

Trade Name if any

P O Box Bldg Room No if any SUITE 18

Street 18 BOULDEN CIRCLE

City NEW CASTLE

State Delaware ZIP Code + 4 19720

14 a Nature of payment

NORTH AMERICAN PIPE TRADES TRAINING CONFERENCE  
6/24/04 - 7/1/04  
CONFERENCE AND CLASSES DEALING WITH APPRENTICE  
ISSUES LEGAL ISSUES AND EDUCATION OF OUR  
CHANGING WORKFORCE  
HOTEL AIRFARE REGISTRATION PARKING RENTAL  
CAR EXPENSES13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$3 750

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name LOCAL 74 JOINT APPRENTICESHIP COMMITTEE

Trade Name if any

P O Box Bldg Room No if any SUITE 18

Street 18 BOULDEN CIRCLE

City NEW CASTLE

State Delaware ZIP Code + 4 19720

14 a Nature of payment

APPRENTICESHIP MEETING AND XMAS LUNCHEON 12/10/04

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$78

Name of Person Filing ANTHONY PAPILI

File Number U

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State  Other  ZIP Code + 4 **14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment **C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment **C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment